



Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	2856
Title::	AUTOMATED BANKING MACHINE WHICH DISPENSES, RECEIVES AND STORES NOTES AND OTHER FINANCIAL INSTRUMENT SHEETS
Attorney Docket Number::	D-1189
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	20
Total Drawing Sheets::	24
Small Entity::	No

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Zachary
Middle Name::
Family Name:: Utz
Name Suffix::
City of Residence:: North Canton
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 8194 Overwood Avenue
City of mailing address:: North Canton
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44720

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Daniel
Middle Name::
Family Name:: Schoeffler
Name Suffix::
City of Residence:: Twinsburg
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 2148 Demi Drive
City of mailing address:: Twinsburg
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44087

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Shawn
Middle Name::
Family Name:: Griggy
Name Suffix::
City of Residence:: North Canton
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 2585 Mt. Pleasant NW
City of mailing address:: North Canton
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44720

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Nat
Middle Name::
Family Name:: Ramachandran
Name Suffix::
City of Residence:: Uniontown
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 2424 Lyndon Drive
City of mailing address:: Uniontown
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44685

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: H.
Middle Name:: Thomas
Family Name:: Graef
Name Suffix::
City of Residence:: Bolivar
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: Box 287
City of mailing address:: Bolivar
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44612

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Patrick
Middle Name::
Family Name:: Nevejans
Name Suffix::
City of Residence:: Beveren
State or Province Of Residence::
Country of Residence:: BE
Street of mailing address:: De Bergeyckdreef 10
City of mailing address:: Beveren
State or Province of mailing address::
Country of mailing address:: BE
Postal or Zip Code of mailing address:: B09120

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gert
Middle Name::
Family Name:: Klessens
Name Suffix::
City of Residence:: Kortenberq
State or Province Of Residence::
Country of Residence:: BE
Street of mailing address:: Parkstraat 39
City of mailing address:: Kortenberq
State or Province of mailing address::
Country of mailing address:: BE
Postal or Zip Code of mailing address:: B-3070

Correspondence Information

Correspondence Customer Number:: 28995

Representative Information

Representative Customer Number::	28995
----------------------------------	-------

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC § 119(e)	60/419,681	10/18/2002
This Application	An application claiming the benefit under 35 USC § 119(e)	60/435,153	12/19/2002

Assignee Information

Assignee Name:: Diebold Self-Service Systems
Division of Diebold, Incorporated

City of mailing address:: North Canton

State or Province of mailing address:: OH